

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011499

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1499

FILED MAR 21 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF Donald R. Davis MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Maryville	
Length of stay in 3 Months		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swope Ridge N. H. 5900 Swope Parkway		d. STREET ADDRESS (If outside, give location) 301 South Filmore	
Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Henry Middle John Last Berg		4. DATE OF DEATH Month March Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Post Master		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	
11. BIRTHPLACE (City and state or country) Ravenwood, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Henry Berg		13b. MOTHER'S MAIDEN NAME Theresa Echterling	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Veronica Berg-3418 Wyandotte K.C. 11, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Adenocarcinoma of pancreas DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH Sept. 10, 1962 Undetermined	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 10, 1962 to Mar 6, 1963 and last saw him alive on Mar 5, 1963 Death occurred at [REDACTED] on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arnold R. Davis, M.D.		22b. ADDRESS 4320 Wornwell Rd. K.C. 416	
22c. DATE SIGNED 3-6-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-6-1963	
23c. NAME OF CEMETERY OR CREMATORY St. Columba Cemetery		23d. LOCATION (City, town, or county) Conception, Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-North Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 3. 6-63	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

Dr. Don Davis - 4320 Wornall
Va. 1-6811

MAR 28 1963

MAR 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John M. Kalsbeck

Licensed Embalmer No. 4949

P. O. Address 20 Kansas City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.